U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 6879			2. Fiscal Year Covered From:		
			01 / 01 /2004 _{Through:} 12 / 31 /2004		
3. Name and address of person filing.			4. Name, file number, and address of labor organization.		
Name	RICHARD P	MC GUIRE	Name L.I.U.N.A. LOCAL 1104		
			Labor Organization File Number 516–522		
P.O. Box, Bldg., Room No., if any			P.O. Box, Building and Room Number, if any		
Street	649 COUNTY ROAD	366	Street 773 ENTERPRISE		
City	JACKSON	en e	City CAPE GIRARDEAU		
State	МО	ZIP Code + 4 63755	State MO ZIP Code + 4 63703-75	513	
5. Position in labor organization. BUSINESS MANAGER-SECRETARY/TREASURER					

Enter appropriate data below !f, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

	Para Per	
A. Held an interest in, engaged in monetary value from an employe	transactions (including loans) with, r whose employees your organiz	or derived income or other economic benefit of ation represents or is actively seeking to represent.
6. Name and address of Employer (in	cluding trade name, if any).	7.a. Nature of Interest, Transaction, or Income. PLEASE BE ADVISED THAT, BASED ON THE RECORDS THAT ARE CURRENTLY IN
Name		MY POSSESSION RELATED TO THE CALENDAR YEAR 2004, I DO NOT HAVE, TO THE BEST OF MY KNOWLEDGE, ANY
Trade Name, if any:		LM-30 REPORTABLE TRANSACTIONS. I AM FILING THIS FORM IN ORDER TO QUALIFY AS PART OF THE DOL
P.O. Box, Bldg., Room No., if any		AMNESTY FILING FOR 2004 AND THE PRIOR FIVE YEARS 7.b. Amount.
Street Figure 19 years and providing the figure and a second sec	Port Market and Comment	All the state of t
City Color of the		and the second s
State	ZIP Code + 4	the first of the same of the s
	S	ignature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information	า
submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of	the
undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	

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Name of Person Filing RICHARD P MC GUIRE	File Number U -				
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.					
8. Name and address of Business (including trade name, if any).	9. Business deals with:				
Name					
Trade Name, if any:	a. Labor Organization				
P.O. Box, Bldg., Room No., if any	b. Trust				
Street	c. Employer				
City					
State ZIP Code + 4					
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.				
Name					
Trade Name, if any:					
P.O. Box, Bldg., Room No., if any					
Street	44 h Annesis de delle control de la control d				
City	11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received.				
State ZIP Code + 4					
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•					
	12.b. Amount.				
C. Received from any employer (other than an employer covered unde	er parts A and B above)				
or from any labor relations consultant to an employer any payment of money or other thing of value.					
13.a. Name and address of Employer or Labor Relations Consultant (Including trade name, if any).	14.a. Nature of payment.				
Name					
Trade Name, if any:					
P.O. Box, Bldg., Room No., if any					
Street					
City					
State ZIP Code + 4					
42 h. la the Dusings of Frank	14.b. Amount of payment.				

13.b. Is the Business an Employer

or Consultant

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